

STRATEGIES AND CONSIDERATIONS – HOME HEALTH/HOSPICE

Note: Strategies may not be appropriate for all incidents or all facilities

Best Practices/Strong Recommendations are denoted by an *

#	Strategy/Implementation Steps	Regulatory and other considerations	Preparedness or Response
1	<input type="checkbox"/> Develop an alternate site plan for office if current location not accessible or functional. Possible locations are: <ul style="list-style-type: none"> - Local hospital - Staff homes - Alternative healthcare facility e.g. surgery center - Contact city emergency operations manager 	- *Consider written partner agreements with each site if applicable	Preparedness & Response

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2	<input type="checkbox"/> Consider disaster/emergency training for staff annually and at time of hire at a minimum <input type="checkbox"/> Host a competency fair annually and include disaster preparedness <input type="checkbox"/> Develop staff competency sheets for emergency/disaster processes	<ul style="list-style-type: none"> - Teaching to include <ul style="list-style-type: none"> - Average use time for tanks: E Tank on 2l/m = 3-4 hours - Use of all oxygen supply sources (cylinders, concentrators, CPAP, tank size average use time, etc.) - Switching from concentrator to oxygen tank to include assembly of regulator - Training first then competency checks - Annually test your clinical staff's competency on disaster preparedness - Develop competency sheet to encompass all areas of recommended testing 	Preparedness
3	<input type="checkbox"/> Patient and family training for disasters (ambu bag drills, patient preparedness plans, medications, etc.)	<ul style="list-style-type: none"> - Patient and family teaching suggestions: <ul style="list-style-type: none"> - Ambu bag drills - Patient emergency planning - Routine filling of portable tanks - Switching from oxygen concentrator to tank to include assembly of regulator (use 2 sets of tubing with 1 for concentrator and 1 attached to the tank) - Administering infusions - Medication use - Wound care 	Preparedness

	<input type="checkbox"/> Develop a template for a disaster patient handbook	<ul style="list-style-type: none"> - Ostomy care - Ensure the patient and/or family member is competent in carrying out any directions given - Wound care and ostomy supplies may be available through local pharmacies e.g. Walgreens now has an infusion company - Infusion companies generally put their number on the infusion bag and/or pump - Recommend a separate handbook for disasters/ emergencies from their regular home health information - Add example to HH&H guide - Provide updates for patients often - Include information on first home health visit regarding basic preparedness including water and food - Give a list of emergency contact numbers - Review important information including important emergency numbers e.g. 211 system, local American Red Cross, infusion company 	
4	<input type="checkbox"/> Identify which employees will likely respond to your agency in an emergency and who may have overlapping responsibilities	<ul style="list-style-type: none"> - Look at all disciplines not just clinical staff - Employees may be employed at more than 1 location - Identify which employees will be available to you during a disaster prior to the disaster 	Preparedness
5	<input type="checkbox"/> Establish a disaster call tree	<ul style="list-style-type: none"> - Explain to staff how the call tree functions - Detail mechanism of contacting staff e.g. text, phone, email 	Preparedness
6	<input type="checkbox"/> Map personnel geographically and assign patients that are closest in distance to them during a disaster <input type="checkbox"/> Ensure staff always have access to complete patients lists	<ul style="list-style-type: none"> - Staff may not be able to attend to their regular patients but may be able to reach those closest to their homes - Important to always prioritize patients according to acuity 	Preparedness & Response
7	<input type="checkbox"/> *Encourage personal and family preparedness and stress importance	<ul style="list-style-type: none"> - Staff may get stranded while working and need emergency supplies - Provide emergency car kits - Discuss with staff what the company can provide and what is their responsibility - Give staff a monthly preparedness challenge for their families e.g. obtain 3 gallons of water per family member; put together a pet preparedness bag. 	Preparedness
8	<input type="checkbox"/> Implement disaster ID badges in order to assist staff in gaining access to controlled/closed areas	<ul style="list-style-type: none"> - Develop standardized wording for ID badge to be shown to law enforcement - Sample wording: TO: POLICE AND CIVIL AUTHORITIES In the event of disaster or civil disturbance please permit this Providence Saint Joseph Medical Center employee to 	Preparedness & Response

		report to work. (Shared by Providence Healthcare)	
9	<input type="checkbox"/> Call in off-duty staff and/or request current staff to remain at work if short staffed	<ul style="list-style-type: none"> - Some staff will insist on going home to take care of families and pets - Importance of stressing preparedness at home - If accepting additional patients from hospitals, additional staff may be needed 	Response
10	<input type="checkbox"/> Develop procedures to accept and assign other agency staff <input type="checkbox"/> Accepting volunteer staff requested through local jurisdiction <input type="checkbox"/> Provide just-in-time training for staff received <input type="checkbox"/> Utilize own employees for patient care and volunteer staff in the office	<ul style="list-style-type: none"> - Most HH agencies do not use registry staff and therefore, do not have just-in-time training or competencies for volunteer use - Those who do use registry have an approved registry list and the registry is responsible for checking competencies 	Preparedness & Response
11	<input type="checkbox"/> Encourage staff to keep cash for essential supplies <input type="checkbox"/> Consider keeping petty cash in the office for essential office supplies	<ul style="list-style-type: none"> - If power is out, ATMs and credit card purchases may not be available 	Preparedness & Response
12	<input type="checkbox"/> Consider encouraging at least a half tank of gas as a minimum for vehicles used for patient visits	<ul style="list-style-type: none"> - Anticipate long lines at gas stations or gas stations being closed 	Preparedness & Response
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13	<input type="checkbox"/> Encourage patient/family to register with their local utility company if they have life-sustaining equipment	<ul style="list-style-type: none"> - If someone has electrically powered life-sustaining equipment, their utility company will attempt to give them advanced notification of any power outages in their area so they may make alternative arrangements - Patient may also be eligible to receive extra base-line power allocation thereby reducing costs 	Preparedness
14	<input type="checkbox"/> Identify alternate power sources if home power is affected for patients dependent on electricity to power machines	<ul style="list-style-type: none"> - Patients with pumps, ventilators, oxygen concentrators, etc. should know in advance where to go if there power goes out - Consider agreement with local ambulatory surgery centers as most of them are required to have generators. Community centers may also have back up power 	Preparedness & Response
15	<input type="checkbox"/> Consider encouraging patient/family to have home generator if needed for life-sustaining equipment	<ul style="list-style-type: none"> - Can be expensive - Needs fuel to run 	Preparedness
16	<input type="checkbox"/> Obtain a backup generator for your office <input type="checkbox"/> Identify if your building has generator power and which spaces/outlets are supported by the generator during loss of power	<ul style="list-style-type: none"> - May not be practical - Costly - Needs fuel to run 	Preparedness

17	<input type="checkbox"/> Supply a disaster packet for each care provider <input type="checkbox"/> Identify minimum intake information needed and develop a template	<ul style="list-style-type: none"> - Assessment should be based on OASIS standards - Should be done within 5 business days but timeframe could possibly be waived by CMS - HH&H guide to include examples 	Preparedness
18	<input type="checkbox"/> Obtain information from vendors regarding emergency policies (infusion and oxygen supply companies) <input type="checkbox"/> Consider an emergency partner agreement with local pharmacy for supplies	<ul style="list-style-type: none"> - Home infusion companies should have redundancies in place for emergencies e.g. training the patient and family on hanging infusions on their first visit; supplying 7 days of infusions; supply back- up batteries lasting 3-7 days - Oxygen companies may have emergency tank deliver service; 24 hours on-call respiratory therapist - A written agreement is better than a verbal one 	Preparedness

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19	<input type="checkbox"/> Leave a critical issue information sheet at patient's home <input type="checkbox"/> Develop a method for accessing patient information in event of a power outage if regularly use electronic format	<ul style="list-style-type: none"> - To assist staff who may be unfamiliar with patient's care - Drawback to having all electronic records - Examples to consider: hard copy, flash drive, call into office 	Preparedness & Response
20	<input type="checkbox"/> *Ensure a written medication sheet is left with each patient especially for high risk medications	<ul style="list-style-type: none"> - Anticoagulants especially Coumadin and insulin are considered high risk medications - Bottle label is not an order and should only be used as a last resort 	Preparedness & Response
21	<input type="checkbox"/> *Call agency medical director if unable to contact patient's doctor for any orders	<ul style="list-style-type: none"> - All attempts should be made to contact the patient's own doctor. Consider having 1 staff member coordinate contact with the medical director for all orders - Consider including a specific time in your disaster plan for the medical director on call to contact the agency e.g. medical director will call in at 2pm each day and have all staff call in needed orders prior to this time 	Preparedness & Response

		- As a last resort, call the pharmacist if a medication order is required	
22	<input type="checkbox"/> Develop relationships with other HH&H agencies <input type="checkbox"/> Consider an emergency partner agreement with local HH&H agencies	- Partnerships with other HH&H agencies to share and support each other's disaster preparedness and response efforts - A written agreement is better than a verbal one - Consider including information on billing and being respectful of each other's boundaries	Preparedness & Response
23	<input type="checkbox"/> Develop relationships with your Disaster Resource Centers (DRC) for information sharing	- Acute care facilities may need to discharge patients during a disaster in order to free up space for more acute patients. Systems should be set up prior to an incident	Preparedness
24	<input type="checkbox"/> Group patients by order of acuity to identify patients that should be given priority during a disaster	- Communication with the office would be required if staff are not familiar with those patients	Preparedness & Response